



Michigan Department of Health & Human Services

Adult Foster Care/Homes for the Aged MILogin and Adult Services Authorized Payments (ASAP) Instructions

“Working to protect, preserve and promote the health and safety of the people of Michigan by listening, communicating and educating our providers, in order to effectively resolve issues and enable providers to find solutions within our industry. We are committed to establishing customer trust and value by providing a quality experience the first time, every time.”

-Provider Relations

Checklist

*****You must have your seven-digit Bridges Provider ID number and your five-digit PIN to complete*****

- Adult Foster Care (AFC) or Homes for the Aged (HFA) providers who want to sign-up for MILogin and Adult Services Authorized Payments (ASAP).
 - ☐ Create a MILogin user ID and password
 - ☐ Request access to ASAP

For assistance call the Provider Support Helpline:
1-800-979-4662

Register for MILogin and ASAP

MILogin is a website that allows a user to enter one ID and password in order to access multiple applications.

Adult Services Authorized Payments (ASAP) application is the claims entry system that provides automated electronic billing for the Medicaid personal care supplement provided through the Michigan Department of Health and Human Services (MDHHS) or Community Mental Health (CMH).

MILogin for Third Party

User ID

Password

Password

LOGIN

Don't have an account?

SIGN UP

Forgot your User ID?

Forgot your password?

Need Help?

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- Open your web browser (e.g. Internet Explorer, Google Chrome, Mozilla Firefox, etc.)
- Enter <https://milogintp.Michigan.gov> into the search bar
- Click Sign Up

MILogin for Third Party

[HOME](#)

Create Your Account

1

Profile
Information

2

Security Setup

3

Confirmation

Profile Information

Enter your profile information

* Required

* First Name

Middle Initial

* Last Name

Suffix

* Email Address

* Confirm Email Address

By providing an e-mail address, a new PIN can be sent to you to help with resetting a forgotten password.

* Work Phone Number

Mobile Number

By providing a mobile number, a text message can be sent to you to help with resetting a forgotten password.

* Verification Question: "doctoring" has how many letters?

☐ I agree to the [terms & conditions](#).

NEXT

RESET

- Complete all required fields.
- Check the 'I agree' box.
- Click **Next**.

MILogin for Third Party

HOME

Create Your Account



Security Setup

Provide user id and password information to complete your profile

* Required

* User ID

Enter a User ID

* Password

Enter password

* Confirm New Password

Confirm password

* Security Options

To choose your preferred password recovery method(s), please click on the buttons below. Multiple options can be selected.



CREATE ACCOUNT

BACK



User ID guideline:

- Enter your last name, first initial, and any 4 numbers with no space between them. For Example: John Smith and using 9999 as an example for the four digit number, you would enter smithj9999.

Password Guidelines:

- Must be at least 8 characters in length
- Must include characters from 3 of the following categories:
 - Upper case letters (A-Z)
 - Lower case letter (a-z)
 - Numbers (0-9)
 - Special characters (IS#,%@~^&*_-+=><)
- Should not be one of the last 3 used passwords
- Should not be based on your User ID

- Create the user ID and password following the listed guidelines.
- Select the preferred password recovery method(s).
- Click **Create Account**.

MILogin for Third Party

HOME

REQUEST ACCESS

UPDATE PROFILE

SECURITY OPTIONS

CHANGE PASSWORD

LOGOUT

Home Page

⌚ Your password will expire in **364** days

Access your applications by clicking on the application links below

You do not have access to any application. You can request access by clicking on [Request Access](#) link.

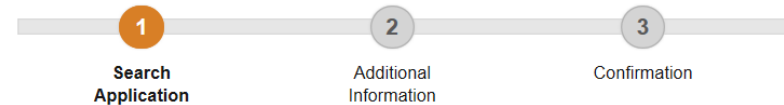
- Your Home Page will not show any applications.
- Click **Request Access**.

**MILogin resource links are listed at the bottom of the page.*

MILogin for Third Party

[HOME](#)[REQUEST ACCESS](#)[UPDATE PROFILE](#)[SECURITY OPTIONS](#)[CHANGE PASSWORD](#)[LOGOUT](#)

Request Access



Search Application

Search for an application with a keyword or select an agency to view its applications

-- Select Agencies --

- From the **Select Agencies** drop-down menu, select **Michigan Department of Health & Human Services (MDHHS)**.

MILogin for Third Party

[HOME](#)
[REQUEST ACCESS](#)
[UPDATE PROFILE](#)
[SECURITY OPTIONS](#)
[CHANGE PASSWORD](#)
[LOGOUT](#)

Request Access



Search Application

Search for an application with a keyword or select an agency to view its applications



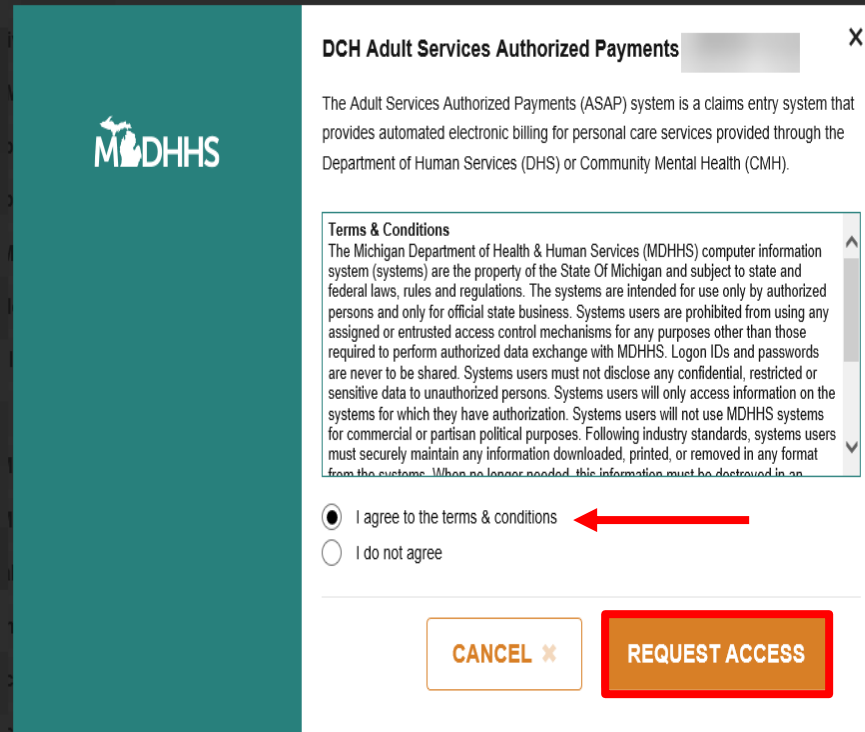


Michigan Department of Health & Human Services (MDHHS)

Michigan Adult Treatment Services (ASAP)	
Michigan Adult Services (ASAP)	
Michigan Adult Services (ASAP)	
Michigan Adult Services (ASAP)	



- Once MDHHS is selected, a pre-populated list of programs will appear. Select **DCH Adult Services Authorized Payments (ASAP)**.



DCH Adult Services Authorized Payments X

The Adult Services Authorized Payments (ASAP) system is a claims entry system that provides automated electronic billing for personal care services provided through the Department of Human Services (DHS) or Community Mental Health (CMH).

Terms & Conditions
The Michigan Department of Health & Human Services (MDHHS) computer information system (systems) are the property of the State Of Michigan and subject to state and federal laws, rules and regulations. The systems are intended for use only by authorized persons and only for official state business. Systems users are prohibited from using any assigned or entrusted access control mechanisms for any purposes other than those required to perform authorized data exchange with MDHHS. Logon IDs and passwords are never to be shared. Systems users must not disclose any confidential, restricted or sensitive data to unauthorized persons. Systems users will only access information on the systems for which they have authorization. Systems users will not use MDHHS systems for commercial or partisan political purposes. Following industry standards, systems users must securely maintain any information downloaded, printed, or removed in any format from the systems. When no longer needed, this information must be destroyed in an

☒ I agree to the terms & conditions
☐ I do not agree

CANCEL X **REQUEST ACCESS**

- Select the 'I agree to the terms & conditions' radio button.
- Click **Request Access**.

MILogin for Third Party

[HOME](#)[REQUEST ACCESS](#)[UPDATE PROFILE](#)[SECURITY OPTIONS](#)[CHANGE PASSWORD](#)[LOGOUT](#)

Request Access

1

✓ Search
Application

2

Additional
Information

3

Confirmation

Additional Information

Provide following information to submit your access request

* Required

*Email Address

*Work Phone Number

SUBMIT**RESET**

- Verify all information is correct.
- Click **Submit**.

MILogin for Third Party

[HOME](#)[REQUEST ACCESS](#)[UPDATE PROFILE](#)[SECURITY OPTIONS](#)[CHANGE PASSWORD](#)[LOGOUT](#)

Request Access

1

✓ Search
Application

2

✓ Additional
Information

3

Confirmation

Confirmation

✓ Success

The request for your access has been successfully submitted.

You will see the updated list of application(s) on your home page once it is processed.


[HOME](#)

- You will be given confirmation that your request has been submitted successfully.
- You will be directed back to your MILogin Home Page. You will need to **logout** completely and log back in for ASAP to appear.

MILogin for Third Party

[HOME](#)[REQUEST ACCESS](#)[UPDATE PROFILE](#)[SECURITY OPTIONS](#)[CHANGE PASSWORD](#)[LOGOUT](#)

Home Page of 

 Your password will expire in **365** days

Access your applications by clicking on the application links below



Michigan Department of Health & Human Services (MDHHS)

DCH Adult Services Authorized Payments 

- Click the **DCH Adult Services Authorized Payments** hyperlink.

MILogin for Third

HOME REQUEST ACCESS

Home Page of

Your password will expire in 35 d

Access your applications by clicking on the a



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DCH Adult Services Authorized Pa

Terms & Conditions

DCH Adult Services Authorized Payments

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CANCEL ✕

Acknowledge/Agree

- Click **Acknowledge/Agree** button to accept the Terms & Conditions to get into ASAP.

MILogin for Third Party

[HOME](#)

MILogin Multifactor Authentication (MFA)

Hello [redacted],

Please select one of the following options to proceed with additional required authentication.

* Required



Text Message

You will receive a passcode via a text message on your mobile [redacted]



Phone Call Back

You will get a call on your work phone number [redacted]



Email

You will receive a passcode in your email [redacted]

- Select the preferred **MILogin Multifactor Authentication (MFA)** method to receive a passcode needed to enter ASAP.

MILogin for Third Party

[HOME](#)

MILogin Multifactor Authentication (MFA)

Enter Passcode

* Required

* Passcode

For a different option, click on the Back button.

SUBMIT

BACK

- Enter the **MFA passcode**.
- Click **Submit**.

You are not registered with ASAP.
Please complete the registration process by clicking on following link

[Register User](#)

[MI.gov Home](#) | [Application Home](#) | [Contacts](#) | [Policies](#) |

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- Click **Register User**.

Welcome to the Adult Service Authorized Payment System

Setup your account here.

1 Welcome

2 Verification

3 User Information

4 Agreement

Select a Role Type/Agency *

Provider



Next

[MI.gov Home](#) | [Application Home](#) | [Contacts](#) | [Policies](#)

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- In the **Select a Role Type/Agency** drop-down menu, confirm **Provider** is listed.
- Click **Next**.

Welcome to the Adult Service Authorized Payment System

Setup your account here.

1 Welcome

2 Verification

3 User Information

4 Agreement

You have selected the user type : **Provider**

If this User Type is incorrect, please click the back button at the bottom of the page and make another selection. If the User Type is correct, please enter your Provider ID and PIN in the fields below, then click the NEXT Button.

Provider Id* :

PIN* :

I DO NOT HAVE a Provider Id or PIN – If you do not have provider id or pin please contact ASAP provider support

Previous

Next

[MI.gov Home](#) | [Application Home](#) | [Contacts](#) | [Policies](#) |

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- Enter the **Provider Id** and **PIN**.
- Click **Next**.

Please Note: The Provider Id is a seven-digit number and the PIN is a five-digit number. If you do not have these two numbers, contact Provider Support at 1-800-979-4662.

Welcome to the Adult Service Authorized Payment System

Setup your account here.

1 Welcome 2 Verification 3 User Information 4 Agreement

User Id*

Role*

PROVIDER

First Name*

Last Name*

Email*

Phone*

Previous

Next

[MI.gov Home](#) | [Application Home](#) | [Contacts](#) | [Policies](#)

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- Confirm the **User Id** and **Role**.
- Enter the required information, indicated by an asterisk (*): *First Name, Last Name, Email, and Phone*.
- Click **Next**.

Welcome to the Adult Service Authorized Payment System

Setup your account here.

1 Welcome 2 Verification 3 User Information 4 Agreement

Business Case*

☐ By checking this box I certify that the information provided by me is true and I accept the terms and conditions of the ASAP user agreement.

Previous

Register

[MI.gov Home](#) | [Application Home](#) | [Contacts](#) | [Policies](#) |

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- Type *Adult Foster Care* in the **Business Case**.
- Check the box at the bottom indicating you have read and agree to the terms.
- Click **Register**.

Welcome to the Adult Service Authorized Payment System

Setup your account here.

1 Welcome 2 Verification 3 User Information 4 Agreement

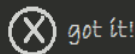
Thank you for Registering with Adult Service Authorized Payment System!!

- Your User Id :
- Click here to visit ASAP [Home Page](#)

[MI.gov Home](#) | [Application Home](#) | [Contacts](#) | [Policies](#)

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- Click **Home Page** to go to the ASAP.



got it!



search condition
goes here

Source Bridges

Enroll Type

Name

SSN/Tax Id

Tax Type

Vendor Id

Primary Address

Mailing Address

(000)000-0000

[More Info](#)

Payments Authorizations Claims

Export		Filter		10	20	50	First	Previous	Next
Warrant No	Warrant Date	Gross Amt	Spend Down Amt	Treasury Offset	Net Amt	Status			
				\$0.00	\$0.00	P			
				\$0.00	\$0.00	P			
				\$0.00	\$0.00	P			
				\$0.00	\$0.00	P			
				\$0.00	\$0.00	P			
				\$0.00	\$0.00	P			
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				\$0.00	\$0.00	P			
				\$0.00	\$0.00	P			
				\$0.00	\$0.00	P			

select a domain here
to begin your search

need help?

your notifications
are here

Quick tutorial
click anywhere to close

manage
quicklinks

- A Quick tutorial will display.
- Click anywhere to close.

Provider Resources

- Adult Foster Care/Homes for the Aged
Personal Care Supplement Payment

Provider Support:

1-800-979-4662

- Provider Support Email:

ProviderSupport@Michigan.gov

- Website:

<http://www.Michigan.gov/AFCprovider>